

# 2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

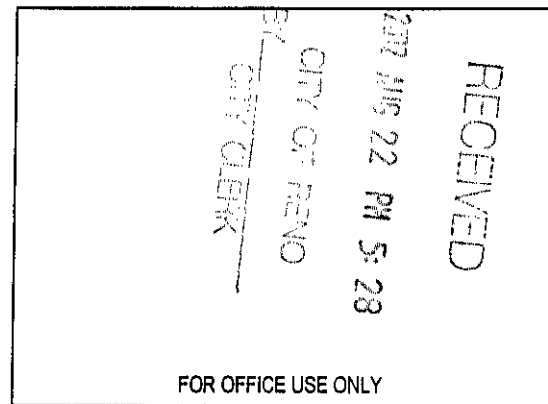
State of Nevada

Name (print) Herbert Tom Orrell Jr Office (if applicable) Mayor District (if applicable) \_\_\_\_\_  
 Mailing Address (include city and zip code) 8590 Silver Shore Dr. Reno NV 89506 Telephone No. 775-972-4763  
 E-Mail Address \_\_\_\_\_

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED

☒ **Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002  
 Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002  
 Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002  
 BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002



☐ **Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

☐ **Report #3 Due — January 15, 2003**

Period: Oct. 25, 2002 — Jan. 3, 2003

BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

**BALANCE**

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any 0

**CONTRIBUTIONS SUMMARY**

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- |   |          |
|---|----------|
| 1. Total amount of monetary contributions                         | <u>0</u> |
| 2. Interest and income earned on contributions, if any            | <u>0</u> |
| 3. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 and 2) | <u>0</u> |
| 4. Total amount of In Kind Contributions                          | <u>0</u> |

**EXPENSES SUMMARY**

- |  |                  |
|--|------------------|
| 5. Total amount of monetary expenses in excess of \$100          | <u>\$ 315.13</u> |
| 6. Total amount of monetary expenses of \$100 or less            | <u>75.75</u>     |
| 7. Expense for filing fee  | <u>25.00</u>     |
| 8. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 5 through 7) | <u>\$ 415.88</u> |
| Remaining Balance (Subtract line 8 from 3)                       | <u>0</u>         |
| 9. Total amount of In Kind Expenses                              | <u>0</u>         |

**AFFIRMATION**

I declare under penalty of perjury that the foregoing is true and correct.

Signature Herbert Tom Orrell Jr

Date Executed On 08-22-02

187/10

Name (print) Herbert T. OrnelasOffice (if applicable) Mayer

District (if applicable)

## Contributions

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
—			

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Hedberg Tom Orrell

Name (print)

Office (if applicable)

District (if applicable)

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Herbert T. Ornelas  
Name (print)Mayor  
Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
J.C. Paper Co 565 E. Glendale Ave SPARKS NV 89431	D	06-04-02	\$ 129.67
Office Max 2859 North Towne Lane Reno NV 89511	D	06-04-02	185.46

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District (if applicable)

### Expenses of \$100 or Less

[illegible][illegible]

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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

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**NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.**

**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

## Report Period # /

District (if applicable)

### Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

[illegible]

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**IN KIND CAMPAIGN  
CONTRIBUTIONS**

Report Period # /

Harbort T. Orrall Jr  
Name (print)Mayor  
Office (if applicable)

District (if applicable)

**IN KIND****Contributions of \$100 or Less**

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
<u>                    </u>		

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Hubert T. Ornel  
Name (print)

Mayor  
Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
1			

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*Heber T. Orville*  
Name (print)

*Mayor*  
Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State  
NRS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362